With this COVID-19 challenge, UNICEF invites youth to come together and try to solve a series of challenges COVID-19 has imposed on us, and positively impact communities while developing sustainable income generation opportunities.
COVID-19 has turned the world upside down. The pandemic’s impact has delivered widespread change; its implications are now felt in how we live and interact with each other, how we work and communicate, and how we move around and travel.

On 4 August 2020, a deadly explosion struck the port of Beirut, killing over 190 people, injuring over 5,000 and leaving an estimated 300,000 homeless. The explosion drained the already overstretched health system and worsened the psychosocial wellbeing of citizens.

Under the current circumstances, there is a rapid spread of COVID-19. The longer-term consequences of the explosion are yet to be fully grasped, and the fall out will be felt for years to come.

To mitigate the increasing threats & challenges presented by COVID-19, we must work together to protect the lives and livelihoods of people from across all social and economic backgrounds. Human welfare and social solidarity are at the core of any recovery initiative to fight this pandemic.

When confronted with a challenge, we tend to go straight into problem-solving mode, trying to deal with the challenge using the knowledge we already have. However, a new school of thought, called design thinking, argues that we shouldn’t address problems this way. Design thinking is a human-centered process that puts stakeholders affected by the issue at the very heart of the process. It proposes that trying to find solutions should not be our first step in solving a problem.

Therefore, addressing the COVID-19 crisis begins with understanding its impact on various socio-economic fronts, and identifying the many stakeholders at risk: we must understand who these stakeholders are, how they have been affected and how this change will continue in the short and long term.

IN LEBANON, THIS PANDEMIC IS UNFOLDING IN THE CONTEXT OF A COLLAPSED ECONOMY, POLITICAL INSTABILITY AND HYPERINFLATION.

As of Nov 09, 2020

- **Total number of cases**: 95,355
- **Number of active cases**: 42,895
- **Number of recovery**: 51,728
- **Total number of deaths**: 732
- **Number of tests conducted**: 1,329,738

**Cases per area**
- Mont Libanon: 40%
- North: 11.1%
- Bekaa: 14.1%
- Nabatiya: 12.3%
- Akkar: 6.1%
- Baalbek al hermel: 5.3%
- Beirut: 11.7%
- South: 18.4%

**Cases per age breakdown**
- 80 <: 26.3%
- 70 - 79: 14.1%
- 60 - 69: 13.1%
- 50 - 59: 18.2%
- 40 - 49: 11.1%
- 30 - 39: 6.1%
- 20 - 29: 5.1%
- 10 - 19: 6.1%
- 10 >: 11.1%
CHILDREN BEAR THE BRUNT:

Children are not the most affected by this pandemic, however, they risk being among those indirectly harmed. They are to date spared from being directly affected by the virus in terms of health complications, yet the repercussions of this crisis have an indirect impact on their well-being.  

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I - IMPACT ON FAMILY MEMBERS

**School Education:**
While many countries, including Lebanon, switched to distance to mitigate the effects of COVID, challenges related to preparedness, infrastructure and capacity, as well as the digital gaps, have put additional strain on students, parents, teachers, principals and education authorities. School closures have widened learning inequalities, affecting the most vulnerable children.

**Food Security:**
Reduced household income will force impoverished families to cut back on essential health and food expenditure.

**Water, Sanitation and Hygiene (WASH):**
Hand hygiene is a critical element in disease prevention. Yet latest global estimates find that 3 billion people lacked soap and water at home, over 800 million children lacked soap and water at their school, and 32 per cent of health care facilities were not equipped to practice hand hygiene at points of care. Adequate water, sanitation and hygiene services for households, schools and healthcare facilities are essential to prevent the spread of infectious diseases including COVID-19.

**Domestic Violence:**
For most children, home represents a source of security and safety. But for a minority, the opposite is tragically the case. Violence by caregivers is the most common form of violence experienced by children. As per Himaya, almost 2,000 child abuse cases are reported per year: 65% of the cases the perpetrator is a member of the family or relative and 17% a close individual to the family.
Disruptions to instructional time in the classroom can have a severe impact on a child’s ability to learn. The longer marginalized children are out of school, the less likely they are to return, and even pre-pandemic, children from the poorest households were already almost five times more likely to be out of primary school than those from the richest.⁹

Mental Health:
The effects of physical distancing measures and movement restrictions on children’s mental health represent another cause for concern. Children today face anxiety regarding the negative impact of the pandemic on their lives and their communities, and uncertainty regarding the future. ¹⁰

Peer Interaction:
Just as valuable as their formal education - perhaps even more so - are the social lessons children learn at school. Here, they learn to play with other children and to form and maintain relationships, as well as building a host of skills including co-operation, negotiation and the art of compromise. Deprived of the opportunity to play and interact with their peers in person, young people risk losing those skills and instead of developing confidence and self-assurance are in danger of feeling isolated and insecure.¹¹

YOUTH IN TIMES OF UNCERTAINTIES AND EMPLOYMENT CRISIS:
The impacts of COVID-19 are, and will continue to be, felt most harshly by young people already living in challenging and/or disadvantaged circumstances.¹²

THESE INCLUDE BUT ARE NOT LIMITED TO:

- Refugees, asylum seekers, and internally displaced persons, both in and out of camp settings, and others caught in pre-existing humanitarian emergencies.

- Young migrants who will suffer disproportionately both from the pandemic and from its aftermath – whether because of restrictions on their movement, close living conditions, fewer employment opportunities, the inability to return home, or increased xenophobia.

- Young people with disabilities

⁹ Framework for reopening schools. UNICEF and World Bank 2020
¹⁰ Policy Brief: The Impact of COVID-19 on children
¹¹ It’s Not Children’s Education We Should Worry About, It’s Their Mental Health, Forbes, 15 May 2020: https://www.forbes.com/sites/nickmorris-son/2020/05/15/its-not-childrens-education-we-should-worry-about-its-their-mental-health/#35b909781fcb
HOWEVER, NOT ONLY VULNERABLE YOUTHS ARE AFFECTED BY THE PANDEMIC.

THOSE FROM DIFFERENT SOCIO-ECONOMIC CLASSES ARE FACING THE FOLLOWING CHALLENGES:

Mental Health:
Due to lockdown measures, young people have limited access to the positive coping mechanisms they may turn to in times of crisis i.e. social initiatives, community service, formal or non-formal education, sports or different types of physical activity. Isolated from their support systems, young people may turn to negative coping mechanisms such as alcohol and drug abuse, self-harm, or other harmful behaviors.13

Social connections:
For adolescents and youths, connecting is key to their sense of belonging and overall well-being. Long-term confinement and isolation from educational spaces will erode the social support networks young people build with each other.14

Education drop out:
The impact of the pandemic, combined with the economic distress caused by Lebanon’s financial crisis and following months of protests, will also have a long-term fallout on the country’s higher education institutions. In general, the crisis harms the ability of households to spend money, particularly on health and education, and primarily due to reduced incomes. The recent health crisis has rendered vulnerable families at greater risk due to its impact on the economy. It is expected that households will reconsider investing in education because they are more concerned with meeting basic needs.15

Distance learning:
While young people are generally very connected digitally, substantial numbers do not have regular and affordable Internet access. They may fall behind as learning and participation shift to online platforms leading to anxiety, frustration, and elevated dropout rates.16

Employment:
Young people tend to be economically fragile, live closer to the poverty line than other age groups, have few savings, and work in the informal sector.

13 COVID-19: Working with and for young people, Compact for young people in humanitarian action, May 2020
15 A Financial Crisis, Then Coronavirus. Lebanese Universities Could Still Thrive. American University of Beirut’s Issam Fares Institute for Public Policy and International Affairs
16 VIEWS FROM THE LOCKDOWN: CHILDREN AND YOUTH’S EXPERIENCE OF COVID-19 IN LEBANON. Save the Children. May 2020
Dependence on daily wages is forcing some to remain economically active; exposing them to higher risk of COVID-19 contamination and raising the risk of them spreading the virus to others. In a study conducted by ILO to assess the impact of COVID-19 on vulnerable workers in Lebanon, it was noticed that the most significant characteristic is the relatively high unemployment rates among young Lebanese in the age group of 18-24 years (41 per cent). This rate is significantly higher than the estimated national youth unemployment rate, which was about 25 per cent in 2018/19.17

Business shutdowns and labour cuts in Lebanon - due to both the COVID-19 and the economic crisis - are affecting youth unemployment more than adult unemployment.

ELDERLY ARE AT HIGHEST RISK:

The COVID-19 pandemic is causing untold fear and suffering for older people across the world. As of November the 2nd, the virus had already taken the lives of some 643 people18, and the fatality rate for those over 80 years of age is five times the average19. As the virus spreads rapidly to developing countries, most likely overwhelming health and social protection systems, the mortality rate for older persons could climb even higher. Although all age groups are at risk of contracting COVID-19, older persons carry a significantly higher risk of mortality and severe disease following infection, with those over 80 years old dying at five times the average rate. An estimated 66% of people aged 70 and over have at least one underlying medical condition, placing them at increased risk of severe impact from COVID-19.20

HELPAGE INTERNATIONAL CONDUCTED A MULTI-SECTOR RAPID NEEDS ASSESSMENT IN LEBANON IN LATE MAY OF 2020 AND RESULTS SHOWN REPRESENT THE VIEWS AND EXPERIENCE OF OLDER PEOPLE SAMPLED:21

- The top priorities for older people surveyed are:

  - Food: 25%
  - Livelihoods: 15%
  - Medicine: 9%

This trend is similar for both men, women, and persons with disabilities. Prior to COVID-19, Lebanon was facing rising inflation, skyrocketing commodity prices and staggering unemployment (ACAPS May 20). This has been further exacerbated by COVID-19 and the sudden, deep global recession which has accompanied it. This has meant many older people are struggling to meet their basic needs highlighted by the high prioritization of food.

17 Rapid assessment of the impact of COVID-19 on vulnerable workers and small-scale enterprises in Lebanon. ILO
30% of older Lebanese people reported that their access to health services had changed since COVID-19. This is higher for Syrian refugees (45%) and older people living in the south (45%). In Lebanon, most of the health services and hospitals are centralized in Beirut. Also, with the COVID-19 pandemic and quarantine, accessing the services in different areas was more difficult especially for older people.

13% of older people surveyed stated they did not have previous access to health care services. This is higher for older people in their 70s (26%) and those located in Akkar (46%).

Older people are likely to experience greater protection risks. When older people were asked what they felt were the increased risks for them during these times, they said:

- 46% Neglect
- 28% Isolation Especially for those in their 50’s
- 20% Financial abuse

37% of older people surveyed reported feeling depressed either ‘all of the time’ or ‘most of the time’. This is higher for older women (44%) compared to older men (29%).

**Flow of news:**
Amidst rapidly changing health events and outbreaks such as COVID-19, there can be significant amounts of incorrect or partially correct information that can add stress and confusion to parents and caregivers struggling to keep their families safe and informed of the dangers.

**Home learning:**
Online tutoring can be challenging; so, students at home need constant support and assistance from their parents.

**Mental Health:**
Instability, loss of income and isolation can cause frustration and anxiety, which might cause anger issues and the development of bad habits such as smoking and excessive drinking.

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MEMBERS WITH DISABILITIES OVERLOOKED IN COVID-19:

Lebanon’s COVID-19 response has overlooked people with disabilities, many of whom have not received information about the virus and were not consulted during the preparation of the government’s emergency response plans.

- People with disabilities are facing barriers to receiving healthcare and accessible information on the pandemic.
- Children with disabilities cannot access remote education on an equal basis with others, and families of children with disabilities do not have the support and services they need to help them cope with the crisis.\(^{23}\)
- People with disabilities may be disproportionately affected by interrupted home, community, and social services and support, including personal assistance.

WOMEN AT RISK OF GENDER-BASED VIOLENCE

Abuse: The Inter-agency SGBV Task Force Assessment (surveying 562 women and girls across Lebanon) finds that up to 54% of respondents have observed an increase of harassment, violence or abuse against other women and girls in their household or their communities.\(^{24}\)

- Interviews reports that since the start of COVID 19:\(^{25}\)
  - 57% Feeling less safe in their communities
  - 44% Feeling less safe in their homes

- These findings were echoed by an ABAAD study undertaken in partnership with IPSOS. It found that 37% of women and girls, out of a total of 250, reported feeling less safe since the COVID-19 lockdown in Lebanon. As well, 10% of men and women, out of a total of 500, have observed an increase in harassment/violence/abuse against women and girls since the COVID-19 outbreak in Lebanon.\(^{26}\)

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\(^{24}\) GENDER ALERT ON COVID-19 LEBANON. WHO in Lebanon

\(^{25}\) Inter-agency SGBV Taskforce, “Joint Assessment: Impact of COVID-19 on Women and Girls in Lebanon,” May 2020,

\(^{26}\) ABAAD, “COVID-19 MENA Consumer Sentiment Trackers,”
KAFA reports that during the month of May, the number of calls to their hotline has risen to 938; twice the number of calls received in April, and four times in March, the beginning of COVID-19 confinement measures.

Employment:
COVID-19 is likely to have a long-term impact on women’s labour force participation in Lebanon: The impact of COVID-19 across the global economy will be profound, and will have a disproportionate impact on women’s employment rates and income generation, given the gendered pay gap and women’s relative marginalization from the labour market (both formal and informal).27

Frontline workers:
Globally, women comprise 70% of the health workforce and are more likely to be frontline health workers, especially nurses, midwives and community health workers. They are also the majority of health facility service-staff – such as cleaners, and laundry and catering workers – and, as such, they are more likely to be exposed to the virus and to the stress of the situation.28

II - IMPACT ON VULNERABLE COMMUNITIES

MIGRANT WORKERS IN A TIME OF TRAVEL RESTRICTIONS:
The COVID-19 health emergency has affected the vulnerability of migrant workers, including migrant domestic workers who, in Lebanon, are mainly employed inside people’s homes.

AMONG THE CHALLENGES29 THEY FACE ARE:

Employment:
Because many businesses are now required to close, many employers are terminating the employment of migrant workers without notice and have stopped paying salaries to their employees. The dollar crisis in the country and the double exchange market rates have also worsened the situation and caused many employers not able to secure dollars to dismiss their migrant workers.

Discrimination:
Panic and fear of the COVID-19 virus are increasing xenophobia and abuse against migrant domestic workers, including the abrupt termination of their contracts.

27 WOMEN’S NEEDS AND GENDER EQUALITY IN LEBANON’S COVID-19 RESPONSE. UN Women
Economic crisis:
The financial crisis, combined with COVID-19, is increasing pressure on lower-income families that employ migrant domestic workers because these medium and lower income families can no longer afford to pay their salaries, cover expenses for food, clothing and medicine, nor provide them with a suitable private room in the household.

Money transfer:
Given the restrictions on mobility during the lockdown in the country, and given the measures regulating the working hours of most businesses, migrant workers have limited capacity and opportunity to transfer money abroad - if and when they receive their salaries.

Freelance work:
Most migrant domestic workers who work as “freelancers” are unable to earn enough income because many employers have ceased to request their services.

Healthcare access:
Access to healthcare is one of the critical gaps facing migrant domestic workers.

REFUGEES AND VULNERABLE HOST COMMUNITIES MARGINALIZED:
A survey conducted in Tripoli, where a cluster of vulnerable Syrian and Lebanese communities reside, aimed to capture the impact of the pandemic, the confinement and containment measures primarily at household-level and at community-level. The assessment targeted 50 caregivers aged between 30 and 60 years old and from both nationalities.  

FINDINGS INCLUDED THE FOLLOWING:

- Before the pandemic: 74% of members were working.
- Since the start of the lockdown: 96% of members were working.
- For those who continue working: 45% are part-time workers.
- For those who continue working: 13% are full-time workers.

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40% of respondents declared that, as a result of the COVID-19 pandemic, their respective households have lost between 50-75% of their income and almost 25% reported that they had lost more than 75%.

To overcome exacerbated economic hardship resulting from the lockdown and containment measures, 86% of respondents declared using or planning to use new and/or more coping mechanisms to generate income and cover basic needs of the household’s members. Those coping mechanisms include increasing debt and debt-bonded labour (94%), reducing the number of meals (65%) and moving to a more affordable house or shelter (17%).

According to the respondents, at community-level discrimination of access to services, resources and opportunities (64%) and exacerbated challenges with local authorities such as harassment and arbitrary arrest and detention (42%) as well as land/house eviction (30%) are major protection concerns resulting from the pandemic and the lockdown.

Almost all respondents reported challenges among their households’ members to follow risk reduction practices; especially for social distancing, regular handwashing, and confinement at home (respectively 92%, 50% and 52% of respondents).

92% of respondents declared food and cash assistance as being their priority needs to address the current crisis – at least in the short-term. Similarly, 80% said access to livelihoods and job opportunities are vital for the households to recover further when the lockdown ends.

Lack of information and awareness about the virus is also causing people in some communities to stay low and deny their symptoms, out of fear of stigma and gaining a “bad reputation.
HEALTHCARE SECTOR IS WITNESSING AN UNPRECEDENTED SLOWDOWN:

In Lebanon, the COVID-19 pandemic has exacerbated an already devastating economic crisis and exposed the inadequacies of Lebanon’s healthcare systems. Long-term structural deficiencies in the health system pose challenges to Lebanon’s ability to take the necessary public health approach in tackling the pandemic.31

- Lebanon’s financial crisis has resulted in a scarcity of medical supplies necessary to deal with the COVID-19 outbreak.32
- Hospital staff and nurses have raised concerns about the failure of the government and hospitals to adequately staff hospitals and protect staff from infection.33
- The country’s financial crisis has caused a dollar shortage that has restricted the ability of medical supply importers to import vital medical supplies including masks, gloves, and other protective gear, as well as ventilators and spare parts.

Public hospitals have across the country:

- 15,000 Bed Capacity
- 500 Beds equipped with ventilators

However, according to various reports, three-quarters of this equipment is not available or requires repairs.34

- Due to the economic crisis, many hospitals laid off nurses, causing an unsustainable workload for those remaining.
- The Lebanese’s government does not possess a significant number of testing kits.
- The explosion, which injured more than 6,000 people, knocked out three hospitals in Beirut and damaged 12 other facilities.

31 Lebanon: Direct COVID-19 Assistance to Hardest Hit. Human Rights Watch
32 Lebanon: COVID-19 Worsens Medical Supply Crisis. Human Rights Watch
33 Lebanon: COVID-19 Worsens Medical Supply Crisis. Human Rights Watch
34 Covid-19: Can the Lebanese health system cope with the epidemic? Le Commerce
REGULAR HEALTH SERVICES DISRUPTED:

In addition to the direct virus impact, the COVID-19 response is disrupting the delivery of routine health services and information, sharply disrupting immunization schedules and cutting off people’s access to health services delivered through health centers, schools and universities, now shut because of physical distancing measures.\(^{35}\)

FRONTLINE WORKERS RISK PSYCHOLOGICAL TRAUMA & BURNOUT:

Risk of infection:
Healthcare workers are confronted daily with the unsettling reality that they are regularly exposed to the potentially lethal culprit and at risk of spreading the virus to their own families and colleagues.\(^{36}\) Up until September 29, there have been a total 1,029 healthcare workers infected in Lebanon, mostly working in institutions dealing with the COVID-19 response.\(^{37}\)

Sense of helplessness:
The helplessness felt among healthcare workers who lack access to the beds or equipment they need to provide patients with the best care they can, as well as to the personal protective equipment (PPE) to protect themselves. Losing high volumes of patients due to lack of resources is new territory for most healthcare workers.\(^{38}\)

Lack of social support:
While stress is higher than ever for frontline workers, coping mechanisms that involve social support are mostly unavailable as a result of policies around COVID-19.

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\(^{35}\) WHO Virtual Press Conference on COVID-19. 12 June 2020


Non-essential services and production were directly affected by the lockdowns, which led, among other things, to a reduction in the number of hours worked and to job losses.

Countries with greater dependence on the service sector, higher levels of informality and weak safeguards against the termination of employment such as Lebanon have experienced much higher initial job losses.

Lebanon is characterized by labor market volatility and by the fact that a vast majority of their businesses are micro-enterprises operating in the informal economy:

- Informal economy workers, casual and temporary workers, workers in new forms of employment, including those in the “gig economy”;
- Young workers, whose employment prospects are more sensitive to fluctuations in demand;
- Older workers, who even in normal times face difficulties in finding decent work opportunities and are now burdened with an additional health risk;
- Refugees and migrant workers, especially those engaged as domestic workers and those working in construction, manufacturing and agriculture;
- Micro-entrepreneurs and the self-employed, particularly those operating in the informal economy, who may be disproportionately affected and are less resilient.

An assessment conducted by ILO explains that about half of the enterprises in the sample (51%) had stopped operations temporarily due to the COVID-19 pandemic and associated lockdown measures.
Frontline sectors of the Lebanese economy with reliance on uninterrupted daily business from the marginally self-employed and informal workers to general retail, luxury retail, hospitality ventures, and hotels - are unquestionably the immediate victims of the standstill of economic activity forced upon them by the necessary containment efforts to counter the threat of the COVID-19 epidemic in Lebanon.41

A disruption of sectors that rely on direct contact with their customers, such as the F&B industry, is among the leading global impacts of COVID-19. F&B operators in Lebanon are suffering from the COVID-19 related lockdown measures. Still, they have the added weight of an ongoing economic crisis whose hallmarks are a volatile exchange rate, increasing import costs, decimated purchasing power among local clientele and lastly the Beirut Explosion that destroyed the area that’s the cluster of F&B industries. The sector which has been the backbone of Lebanon’s vital tourism sector saw at least 25,000 employees lose their jobs – which affected 100,000 people who depended on those wages for survival and about 800 establishments closed.42

Almost everything consumed in Lebanon is imported such as mineral fuels, vehicles, drugs and pharmaceuticals, gold, diamonds, live cattle, metal products, electrical equipment, and parts and accessories for vehicles.43 Lebanon’s food importers, already hit by a dollar crunch, have struggled to book new cargoes as the coronavirus pandemic threatens supplies and sparks fears of even more painful price hikes.44 The explosion of the Beirut Port also worsened the situation for importing companies.

Another problem is that growers need workers to sow seeds and seedlings and to complete other tasks.

In its latest report, the Centre de Recherche et d’Etudes Agricole Libanais (Creal) goes straight to the point: Lebanon’s agricultural production will collapse in 2020 if nothing is done to help farmers survive this devastating year. According to projections by the private agency, which collects data on the agricultural sector, the drop in the production is expected to be around 40% of agriculture’s total share in the GDP, and this share won’t exceed $1.2 billion this year.

In some crops, declines could be up to 70% (in value) and more than 50% (in volume) compared to 2018 yields. This is particularly the case concerning some common foods in Lebanese cuisine, such as potatoes and onions, which are among the most affected crops.45
V - IMPACT ON THE ENVIRONMENT

According to the World Health Organization, Beirut’s pollution has already exceeded environmental standards three times. Numbeo, the world’s largest database of user-contributed data about cities and countries worldwide, ranks Lebanon the 6th most polluted country in the world, preceded only by Mongolia, Myanmar, Afghanistan, Ghana and Bangladesh. In 2019, Lebanon’s pollution index was 87.65 %, exceeding that of Nigeria, Egypt and China.46

Improper disposal of waste via small scale incineration and dumpsite burning will result in point sources of highly toxic persistent organic pollutants (POPs) generation with impacts on health. The waste crisis has now resurfaced with the outbreak of the coronavirus pandemic in Lebanon. Lebanese are wondering how the medical waste that can transmit the virus that causes COVID-19 is being collected from hospitals, not to mention the used gloves and masks that citizens throw away into the streets.47

VI - SOLUTIONS AND INITIATIVES IMPLEMENTED

THE FOLLOWING ARE SEVERAL EXAMPLES OF SOLUTIONS AND INITIATIVES THAT CIVIL SOCIETIES, PRIVATE BUSINESSES AND INDIVIDUALS HAVE PUT IN PLACE TO CONTRIBUTE TO THE FIGHT AGAINST COVID-19 IN LEBANON.

**Mobile Clinic Service (by the LAU Medical Center Rizk Hospital and the LAU Gilbert and Rose-Marie Chagoury School of Medicine)**

The LAU Mobile Clinic has been moving around Lebanon since April 4 to reach as many people as possible, to help in the fight against the coronavirus. The clinic is offering free PCR testing for patients suspected of the coronavirus infection.

**Lebanon Activists Launch Coronavirus Community Support Initiatives**

Hoda Kerbage, 39, starts her day by putting on gloves and a face mask, sanitizing her hands, and disinfecting her shoes and car before hopping in behind the steering wheel for a journey to deliver aid packages to families in need all over Lebanon.

Her new daily routine, started since the outbreak of coronavirus in Lebanon in March, is divided among collecting donations, sanitizing them and packaging them before their delivery to those in need.

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47 Lebanon’s waste crisis worsens amid COVID-19 outbreak.
48 [https://www.laumcrh.com/ContentFiles/1848BodyTwoPDF.pdf](https://www.laumcrh.com/ContentFiles/1848BodyTwoPDF.pdf)
A new life saving initiative by the technical international team

After weeks of hard work behind the scenes, the Technical International team with the collaboration of Holy Spirit University of Kaslik (USEK) and the Notre Dame des Secours University Hospital launched the final prototype of the new ventilator under the name of “AmbuVent” in compliance with worldwide standards for health and safety. The main medical components of this ventilator abide by the standards of Project Libnor (The Lebanese Standards Institution), having added an advanced electronic monitoring system which allows the medical staff to control and monitor its operation and was successfully tested in ICUs.

American University of Beirut joins the fight against COVID-19 through its COVID19FABLAB

At the newly founded Covid19FabLab within the Maroun Semaan Faculty of Engineering at the AUB (MSFEA), the team is working around the clock designing, prototyping, and testing respirators and masks made from locally sourced materials to address the global shortage of personal protection equipment. This project aims to provide medical personnel with a reusable respirator mask to guard against inhalation exposure to COVID-19 virus particles. All design files and related information will be made available to public so that facilities around the world can make their own.

A new quarantine centers locating tool

As part of the HealthTech Solutions Initiative, the Berytech team created a platform listing quarantine centers available in the country, while giving users the flexibility to search by district and in both English and Arabic languages. This project consists of:

- Public platform for citizens.
- Private platform for concerned people to monitor the availability of beds/rooms remaining in each facility with status of hosted patients.

UNICEF’s Cash for Work Programme

The Youth and Adolescent Development (YAD) section of UNICEF has turned its Cash for Work programme to contribute to the COVID-19 response. After completing Competency Based trainings in “sewing”, youth then put theory into practice through producing masks and gowns that are later distributed for hospital, medical centers, isolation centers, implementing partners… Youth are also paid per day. This initiative addresses the following:

- Skills training
- Income generation
- Provision of free PPE
- Decrease the need to import and purchase masks

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51 https://www.aub.edu.lb/msfea/Covid19FabLab/Pages/default.aspx
52 https://berytech.org/profiles/quarantine-centers-platform/